

# Health Insurance Portability and Accountability Act (HIPAA) of 1996

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# What is HIPAA?

- ▶ HIPAA is federal legislation that requires rules to protect the privacy of personal health information.
- ▶ HIPAA was developed for the health care industry after the creation of the Medicare/Medicaid programs.
- ▶ Louisiana Department of Health (LDH) must comply with HIPAA to protect the privacy of the individuals we serve.

# Notice of Privacy Practices

- ▶ Privacy Policies are used to set guidelines for the necessary collection, use and disclosure of Protected Health Information (PHI).
- ▶ A Privacy Notice describes how medical information may be used/disclosed and how one can get access to this information.
- ▶ LDH has a privacy notice in place that complies with HIPAA regulations.
  - LDH must provide a copy of the Notice of Privacy Practices to every individual served.
  - LDH entities will follow LDH HIPAA compliance policies/procedures unless the individual entities rules are stricter.

# Protected Health Information (PHI)

## ► PHI Includes:

- Health Information- information, in any form, that is created or received by a health care provider and is related to past, present or future physical or mental health or condition of an individual , and
- Individually Identifiable Health Information- information that is a subset of health information, including demographic information.
  - ◆ For example: Participant's name, address, social security number, medical record number, or photograph.

# Examples of what can be considered PHI:

- ▶ Why a person is visiting a clinic.
  - Example: While at an outpatient psychiatric facility, you see a participant on your co worker's caseload walking out of the evaluation room.
- ▶ Type of treatment a person receives.
  - Example: You pick up a critical incident report on the fax and recognize the person is your neighbor you read the report and it contains a medical diagnosis.
- ▶ Fact that the person is a Medicaid recipient.
  - Example: You receive a phone call from your church pastor who stated Mrs. Jane Doe will be in attendance at the church annual picnic. You realize Mrs. Jane Doe is a participant on your caseload.

# Storage and Disposal of PHI

- ▶ PHI must be stored in a manner that prevents unauthorized access.
- ▶ PHI can be stored in/on:
  - Computers,
  - File Cabinets,
  - Desks/Offices,
  - Disks/CDs/Flash Drives, and/or
  - Smart Phone/IPAD.
- ▶ Records containing PHI must be properly disposed of, shredded for example, not thrown in the trash.

# Securing PHI

## Technical:

- Restricted access to computer databases,
- Periodic password changes, and/or
- Restrictions on emails.

## Physical:

- Security of records and files, and/or
- Shredding and other disposal methods.





# Securing Stored PHI

## ►Computers:

- Regulate emails by using secure systems.
- Be cognizant of who can see your screen.

## ►File Cabinets:

- Store participant files.
- Should be placed in areas that can be locked.

## ►Smart Phone/IPAD:

- Pin or password should be used.

## ►Desks/Offices:

- Do not leave papers visible that include PHI.
- Fax cover sheets need to include a confidentiality statement.

## ►Disks/CDs/Flash Drives:

- Remember to conceal removable disk that contain PHI so they are not at risk to be stolen.



# Fax Cover Sheet



## FACSIMILE TRANSMITTAL SHEET

TO: Direct Service Provider FROM: Support Coordination Agency

FAX NUMBER: 1 (555) 555-5555 DATE: July 28, 2016

PHONE NUMBER: TOTAL NO. OF PAGES, INCLUDING COVER:

RE: J.D.

CC:

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

COMMENTS:

J.D. Annual Plan of Care

*This fax may contain Protected Health Information, Individually Identifiable Health Information, and other information which is protected by law. The information is intended only for the use of the intended recipient. If you are not the intended recipient, you are hereby notified that any review, disclosure/re-disclosure, copying, storing, distributing, or the taking of action in reliance on the content of this fax and any attachments, thereto, is strictly prohibited. If you have received this fax in error, please notify the sender immediately and destroy the contents of this fax and its attachments by deleting any and all electronic copies and any and all hard copies regardless of where they are maintained and stored.*



## FACSIMILE TRANSMITTAL SHEET

TO: Direct Service Provider FROM: Support Coordination Agency

FAX NUMBER: 1 (555) 555-5555 DATE: July 28, 2016

PHONE NUMBER: TOTAL NO. OF PAGES, INCLUDING COVER:

RE: John Doe

CC:

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

COMMENTS:

John Doe Annual Plan of Care

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# E-mail Subject line



 Send	From ▾	OAASMD5-HC&CPTRAINING@LA.GOV
	To...	<input type="checkbox"/> <u>OAASMD5-HCCORRECTIONS@LA.GOV;</u>
	Cc...	
	Bcc...	
Subject		JD MDS Corrections

 Send	From ▾	OAASMD5-HC&CPTRAINING@LA.GOV
	To...	<input type="checkbox"/> <u>OAASMD5-HCCORRECTIONS@LA.GOV;</u>
	Cc...	
	Bcc...	
Subject		Jane Doe MDS Corrections



# LDH Secure Email Systems

- ▶ When PHI and other sensitive information is transmitted via email, the email must be sent using a secure method.
  - All emails received from LDH/OAAS staff will be sent using a secure method.
  - All emails sent by SCs and providers (DSPs, ADHC, MIHC) to LDH/OAAS staff must be sent using a secure method.
- ▶ LDH is now using a secure email system called Axway.
  - In time, LDH will phase out the current secure email system.

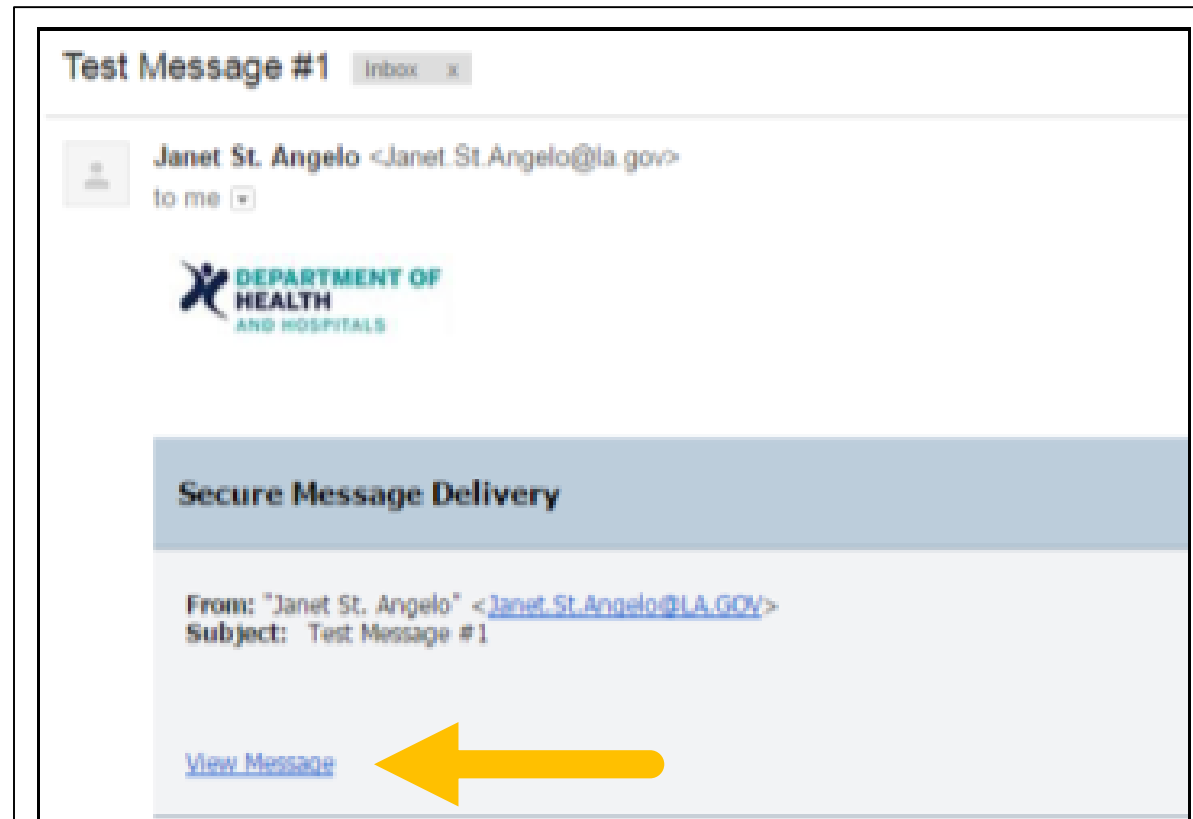
# LDH Secure Email System

- ▶ Entities that do not have a secure email system may request use of Axway by requesting an invitation to register for an Axway email account from a LDH contact.
- ▶ The outside entity will receive an email, prompting the user to register then use the secure email system.
- ▶ Users must reply to emails within the Axway secure mailbox.
- ▶ To send a new email to LDH/OAAS, the user must login to Axway and compose a new email.

Note: OAAS security mechanism (ie. [encrypt] in subject line) does not work when outside entities are composing a new email from your agency account.

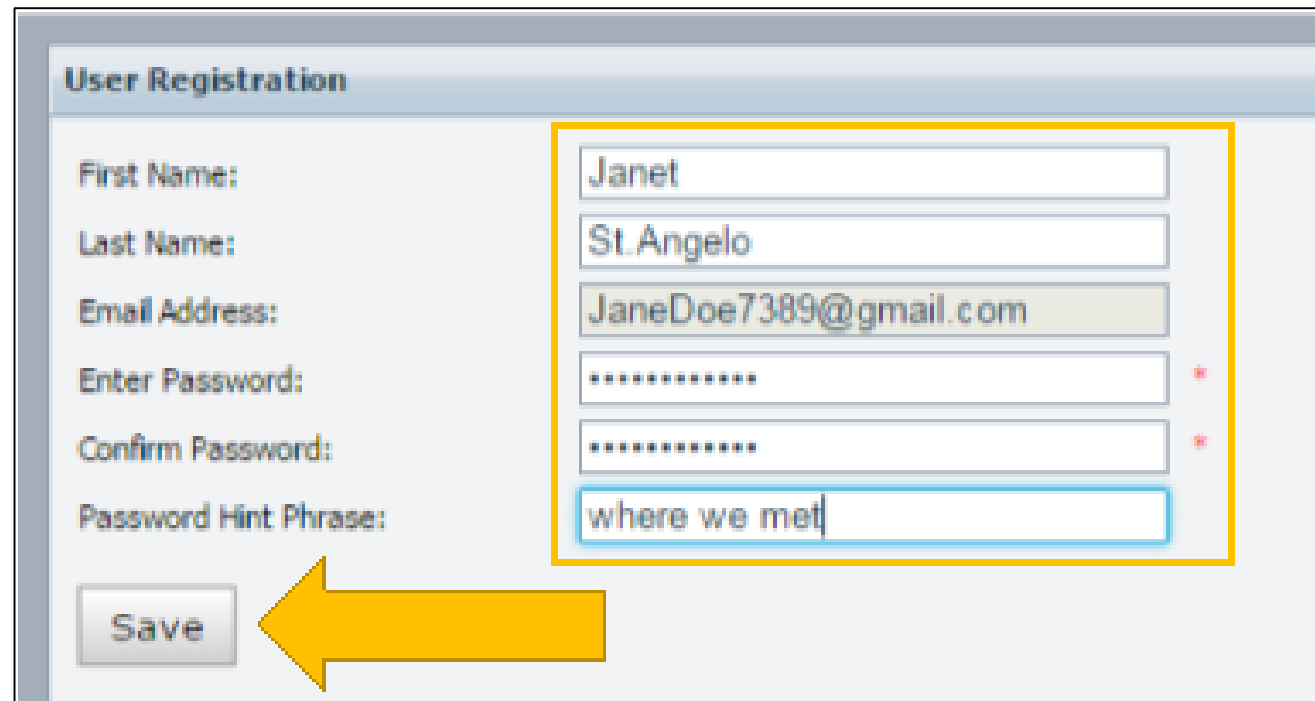
# LDH Secure Email Systems

- Upon receiving and opening the registration email, click on **View Message**.



# LDH Secure Email Systems

- ▶ To register, complete the *User Registration* fields. When complete, click **Save**.
- ▶ Passwords must have at least: 8 characters, 2 letters, 2 digits and 1 symbol.



A screenshot of a web form titled "User Registration". The form contains the following fields: "First Name:" with the value "Janet"; "Last Name:" with the value "St. Angelo"; "Email Address:" with the value "JaneDoe7389@gmail.com"; "Enter Password:" with a masked password "\*\*\*\*\*"; "Confirm Password:" with a masked password "\*\*\*\*\*"; and "Password Hint Phrase:" with the value "where we met". A yellow rectangular box highlights the "Enter Password:", "Confirm Password:", and "Password Hint Phrase:" fields. A large yellow arrow points from the right towards the "Save" button at the bottom left of the form.

User Registration	
First Name:	Janet
Last Name:	St. Angelo
Email Address:	JaneDoe7389@gmail.com
Enter Password:	*****
Confirm Password:	*****
Password Hint Phrase:	where we met
<input type="button" value="Save"/>	

# Minimum Necessary Requirement

- ▶ This requirement means that one will limit the amount of PHI obtained to be the **minimum necessary** needed to accomplish the participants request or job duty.
- ▶ Examples:
  - **Use**-During an assessment, participant gives you hospital records from last year's hospitalization. Last year's records are not needed to complete the assessment.
  - **Disclose**- Your participant is obtaining a walker, you receive a phone call from the DME representative who is requesting the clients history of diagnoses that does not pertain to the need for this item.
  - **Request**- SC needs the Home Health plan to verify prescribed Physical Therapy services, only the current plan should be requested.



# Minimum Necessary Requirement (cont.'d)

- ▶ The Minimum necessary rule **does not** apply to:
  - Disclosures to, or request by a health care provider for treatment,
  - Uses or disclosures made to the participant,
  - Uses or disclosures made to the Secretary of HHS, and
  - Disclosures required by law.

# Authorization

- ▶ Any other uses and disclosures not described in privacy notice will be made only with participant's written authorization.
  - Consent to Release form will be signed and dated by participant.
- ▶ Participant may cancel this authorization at any time in writing.

Note: Complete the release form with the request information **BEFORE** getting the participant to sign; DO NOT ask participant to sign a blank release form.

# Authorization (cont.'d)

- ▶ Participant authorization is not needed before you disclose his or her PHI for:
  - Treatment,
  - Payment, and/or
  - Health care operations (Examples: Quality Assessment and Improvement, Medical review/Auditing and/or Planning/Budget).

# Scenarios: Apply your Knowledge



## Scenario 1:

- After printing your client list that contains social security numbers, you realize there is a mistake so you need to print a new one. You throw the old report in the trash.

► **Is the information contained on the old report protected under HIPAA?**

**Yes or No**

## Scenario 1 Answer:



**Note: The incorrect client list will need to be shredded, not just thrown in the trash.**

## Scenario 2:

- You are asked to fax the updated CPOC pages to a provider agency after changes were discussed at the face to face quarterly visit.

► **What safeguards should be used to protect the privacy of the PHI being sent via fax?**

- a. Double check the out-going fax number and follow up to ensure the fax was received.
- b. Use fax cover sheet with confidentiality statement explaining info within is private.
- c. Follow the minimum necessary rule.
- d. All of the Above.



## Scenario 2 Answer:



All of the Above

## Scenario 3:

- You and your supervisor are in your office with the door open discussing a Patient Liability case when the front desk secretary walks in and overhears you mention the participant's name and their monthly PLI dollar amount.

► **Is the information the secretary heard considered PHI?**

**Yes or No**

## Scenario 3 Answer:



# Reminders about PHI

- ▶ If you are unsure about a situation that involves PHI, ask your supervisor.
- ▶ Do not discuss PHI that you see or hear while performing your job unless necessary.
- ▶ Misuse of PHI can result in significant penalties.

# Resources

- ▶ *Anxway MailGate: Quick Reference Guide for External Users.* OAAS-MAN-16-002. Reissued July 26, 2016.
- ▶ *ECFR-Code of Federal Regulations.* <http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=a64f741e1dae2952ce4a37150c20e443&mc=true&n=sp45.1.164.e&r=SUBPART&ty=HTML> . Accessed 22 July 2016.
- ▶ *HIPAA Policies and Forms.* <http://www.dhh.louisiana.gov/index.cfm/page/131> . Accessed 22 July 2016.
- ▶ *Louisiana Department of Health: Basic HIPAAS Privacy Training: Policies and Procedures.* PowerPoint Presentation. Accessed July 22, 2016.